



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Thomas G. Gatzunis, P.E.
Commissioner

The Commonwealth of Massachusetts

Department of Public Safety

State Boxing Commission

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200 Ext. 25257

Fax (617) 727-5732

Nicholas P. Manzello
Chairman

Bernard J. Doherty
Commissioner

Gary J. Litchfield
Commissioner

IMPORTANT INSTRUCTIONS FOR COMPLETING LICENSE APPLICATIONS

Thank you for requesting application (s) for the position (s) checked below. Next to each position is its license fee.

LICENSE FEES

<input type="checkbox"/>	BOXER	\$ 20.00
<input type="checkbox"/>	JUDGE	\$ 50.00
<input type="checkbox"/>	KICKBOXER	\$ 20.00
<input checked="" type="checkbox"/>	MANAGER	\$ 30.00
<input type="checkbox"/>	MATCHMAKER	\$ 50.00
<input type="checkbox"/>	PHYSICIAN	\$ 50.00
<input type="checkbox"/>	PROMOTER	\$ 150.00
<input type="checkbox"/>	REFEREE	\$ 50.00
<input type="checkbox"/>	SECOND	\$ 30.00
<input type="checkbox"/>	TIMEKEEPER	\$ 30.00
<input type="checkbox"/>	TRAINER	\$ 30.00

Please make the check payable to the "COMMONWEALTH OF MASSACHUSETTS" for the fee, and mail it to:

MA State Boxing Commission
One Ashburton Place, Room 1301
Boston, MA 02108-1618

- PLEASE FILL OUT THE APPLICATION COMPLETELY. IF THE APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU.**
- PRINT CLEARLY AND LEGIBLE WITH A BALL POINT PEN. NO PENCILS.**

THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:

- ☒ Two color photographs for each license of the applicant, **1 inch square in size.**
- ☒ Copy of birth certificate.
- ☒ 2 Photo Identification with Signature.
- ☐ Statement of Net Worth.
- ☐ Copy of EKG Exam from a licensed physician no more than ten (10) days old at time of application / or renewal.
- ☐ Copy of Ophthalmological exam from a licensed physician no more than ten (10) days old at time of application / or renewal.
- ☐ Copy of **Negative** HIV test results from a licensed physician no more than ten (10) days old at time of application / or renewal.

NOTE: IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE, WE WILL RETURN IT TO YOU ALONG WITH YOUR CHECK. WE WILL NEED ANOTHER APPLICATION FOR YOU TO PROPERLY COMPLETE IN ORDER FOR YOU TO APPLY OR RENEW YOUR LICENSE. IF YOU FAIL TO SEND IN THE TWO COLOR PHOTOGRAPHS YOU WILL NOT RECEIVE YOUR LICENSE. I UNDERSTAND AND AGREE TO THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT